



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Letter to the Editor

COVID-19 checklist: Mask, gloves, and video chatting with grandpa



Dear Editor,

I am a psychiatry resident at a Boston area hospital, and I am concerned that the COVID-19 pandemic will have a significant impact on our mental health. Just like millions of Americans, my life has been turned upside down in the past few weeks. I now conduct telepsychiatry appointments with my seven-month-old playing (or screaming) in the background, while sharing a makeshift desk with my husband. After my overnight hospital call shifts, I strip down to my underwear at the front door to my apartment, throw my clothes in the laundry machine, and race to the shower in a desperate effort to avoid infecting my family. Other than my shifts at the hospital, I have not left my cramped apartment in weeks. In our efforts to engage in social distancing, my family is beginning to go a bit stir-crazy.

Social distancing is necessary to slow the spread of COVID-19, but it may take a serious toll on our mental health.

Humans are innately social creatures. Isolation is unnatural and uncomfortable for many people. Research in the late 1980s established that there is a causal association between social isolation and mortality (House et al., 1988). According to a more recent meta-analysis, lack of social connections increases the risk of mortality, even more so than obesity, air pollution, or smoking 15 cigarettes per day (Holt-Lunstad et al., 2015). The mechanism by which loneliness may cause mortality has been observed to be related to the increased expression of inflammatory genes and decreased expression of antiviral genes (Cole et al., 2015). The role of loneliness in immune dysfunction is unnervingly relevant while millions of people practice social distancing in an effort to avoid infection with this deadly virus.

Older adults are especially at risk for both the physical and psychiatric sequelae of this pandemic. I recently spoke with my ninety-eight-year-old grandmother, who is currently quarantined in her assisted living facility. She lamented that the isolation of this pandemic was reminiscent of the loneliness she experienced in Auschwitz and the Lodz ghetto. Social distancing practices are intended to save the lives of people like my grandmother. But at what cost?

Similar to COVID-19, older adults were particularly afflicted by the 2003 SARS epidemic, resulting in a high fatality rate among the elderly. During the SARS epidemic, researchers observed a 31.7% increase in suicide among adults age 65 or greater in Hong Kong, thought to be related to isolation efforts due to quarantine requirements as well as older adults feeling they were a burden to their families (Yip et al., 2010). There are cultural differences between Hong Kong and America,

but these are important associations to be aware of during these difficult times.

Isolation is not the only problem. The SARS epidemic taught us that an outbreak itself is hazardous to our overall mental health. Researchers working with SARS survivors found that one year after the outbreak, survivors still experienced elevated stress as well as worsening anxiety, depression, and posttraumatic symptoms (Lee et al., 2007). The data for the COVID-19 pandemic is limited thus far, but already we are finding that people are stressed. A recent survey from the American Psychiatric Association found that half of participants felt anxious and more than one third of respondents felt COVID-19 was seriously affecting their mental health (New Poll: COVID-19 Impacting Mental Well-Being, 2020).

It will likely take months, if not years, to fully understand the psychological impact that this pandemic is having on our mental health. As psychiatrists, we have the opportunity to intervene before it is too late. We can reiterate that social distancing does not equate to social isolation. Staying connected, on the phone or by video chat is important in preventing loneliness. If patients cancel their appointments, it might be worthwhile to make an extra attempt to reach them, being mindful it may be difficult for some patients to transition from face to face evaluations to telehealth. We can support our colleagues on the front lines by listening to their concerns and reassuring them that talking about their thoughts and feelings is healthy. Our role should focus on prevention of distress by providing outreach to especially vulnerable populations including the sick, the elderly, and the severely mentally ill. We are in a unique position to empower others to join us in these efforts. We still face many significant challenges in the months to come, but we will persevere if we work together to stay healthy—both physically and mentally.

Declaration of Competing Interest

None.

References

- Cole, S.W., Capitanio, J.P., Chun, K., Arevalo, J.M., Ma, J., Cacioppo, J.T., 2015. Myeloid differentiation architecture of leukocyte transcriptome dynamics in perceived social isolation. *Proc. Natl. Acad. Sci. U. S. A.* 112 (49), 15142–15147.
- Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T., Stephenson, D., 2015. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect. Psychol. Sci.* 10 (2), 227–237.

- House, J.S., Landis, K.R., Umberson, D., 1988. Social relationships and health. *Science* 241 (4865), 540–545.
- Lee, A.M., Wong, J.G., McAlonan, G.M., Cheung, V., Cheung, C., Sham, P.C., Chu, C.M., Wong, P.C., Tsang, K.W., Chua, S.E., 2007. Stress and psychological distress among SARS survivors 1 year after the outbreak. *Can. J. Psychiatry* 52 (4), 233–240.
- Yip, P.S., Cheung, Y.T., Chau, P.H., Law, Y.W., 2010. The impact of epidemic outbreak: the case of severe acute respiratory syndrome (SARS) and suicide among older adults in Hong Kong. *Crisis* 31 (2), 86–92.
- www.psychiatry.org/newsroom/news-releases/new-poll-covid-19-impacting-mental-well-being-americans-feeling-anxious-especially-for-loved-ones-older-adults-are-less-anxious. 2020. (Accessed 31 March 2020).

Haley V.Solomon^{abc*}

^a *Harvard South Shore Psychiatry Residency Training Program, 940 Belmont Street, Building 5, Brockton, MA 02301, USA*

^b *Department of Psychiatry, Veterans Affairs Boston Healthcare System, Boston, MA, USA* *Department of Psychiatry, Harvard Medical School, Boston, MA, USA*

E-mail address: haley.solomon@va.gov.

* Correspondence to: Harvard South Shore Psychiatry Residency Training Program, 940 Belmont Street, Building 5, Brockton, MA 02301, USA.